

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation AMERICAN FEDERATION OF STATE COUNTY AN		3. FEC Identification Number C C90011172
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1625 L STREET NW		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	8

 /

D	D
1	7

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
0	8

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

729441.23

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

STEPHEN GRAHAM

08/20/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AN

Full Name (Last, First, Middle Initial) of Payee
MISSION CONTROL, INC.

Date

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Mailing Address

114 A MANSFIELD HOLLOW ROAD

Amount

17160.60

City

MANSFIELD CENTER

State

CT

Zip Code

06250

Purpose of Expenditure

MAILER MCELFRESH

Category/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 16

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JAMES B RENACCICalendar Year-To-Date Per Election
for Office Sought

834346.31

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
U.S. POSTMASTER

Date

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Mailing Address

1915 14TH STREET NW

Amount

9288.17

City

WASHINGTON

State

DC

Zip Code

20009

Purpose of Expenditure

MAILER MCELFRESH

Category/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 16

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
JAMES B RENACCICalendar Year-To-Date Per Election
for Office Sought

834346.31

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
THE CAMPAIGN GROUP, INC.

Date

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Mailing Address

1600 LOCUST STREET

Amount

700000.00

City

PHILADELPHIA

State

PA

Zip Code

19103

Purpose of Expenditure

RADIO ADS PAY, TRADE

Category/
Type

Office Sought:

☐ House

State: MO

Senate

☒ Senate☐ President

District: _____

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
ROY BLUNTCalendar Year-To-Date Per Election
for Office Sought

702992.46

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

726448.77

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 / 3

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AN

Full Name (Last, First, Middle Initial) of Payee
INFORMATION STAFFING SERVICES

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	0

Mailing Address
P.O. BOX 7084

Amount

2992.46

City
ALEXANDRIAState
VAZip Code
22307Purpose of Expenditure
PHONE CANVASSINGCategory/
Type

Office Sought:

☐

House

State: MO

Senate

☒

Senate

District: _____

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
ROY BLUNTCalendar Year-To-Date Per Election
for Office Sought

702992.46

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

2992.46

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

729441.23